

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION MEETING
APRIL 9, 2015
MINUTES**

APPROVED
3/10/16

<p>COMMISSIONERS</p> <p>Jean G. Champommier, Ph.D., Chairperson*</p> <p>Crystal D. Crawford, J.D., Vice-Chair*</p> <p>Waleed W. Shindy M.D., M.P.H.**</p> <p>Michelle Anne Bholat, M.D., M.P.H. *</p> <p>Patrick Dowling, M.D., M.P.H.*</p>	<p>DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVE</p> <p>Dr. Jeffrey Gunzenhauser, Interim Medical Director***</p> <p>Evelina Villa, Interim Public Health Commission Staff*</p> <p>Public Health Commission</p>
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PUBLIC HEALTH COMMISSION ADVISOR

Cynthia Harding, Interim Director*

Carrie Brumfield, Chief of Staff*

****Present **Excused ***Absent***

<u>TOPIC</u>	<u>DISCUSSION/FINDINGS</u>	<u>RECOMMENDATION/ACTION/ FOLLOW-UP</u>
<p>I. Call to Order/ Approval of Minutes</p>	<ul style="list-style-type: none"> ○ The meeting was called to order at 10:07 AM at the Central Public Health Center. ○ Introduction of Commissioners and guests <ul style="list-style-type: none"> ○ Unable to approve minutes at this time. 	<p>Information only.</p>
<p>II. Proposed Health Agency Report</p>	<p>Director of Health Care Integration, Dr. Christina Ghaly, to discuss the Draft Report to the Board of Supervisors</p> <ul style="list-style-type: none"> ○ The draft report was released to the public on March 30, 2015 and there will be a 45 day comment period (May 15th - the last comment day). ○ There was not an executive summary provided for the first draft, but there will be one for the final report in June. ○ One of the primary goals of the health agency model, per the Board, is to improve and enhance services. <ul style="list-style-type: none"> ○ Cuts/layoffs/budget cuts/decline in services is not the intention ○ Within the agency structure, each department maintains its own separate structure and budget. <ul style="list-style-type: none"> ○ Within this structure, only the Board has the authority to change 	

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| | <p>a department's budget/cut/increase money for departments</p> <ul style="list-style-type: none">○ The structure is intentionally designed to mitigate risks to create a lean organization that will not require new administrative positions (which could lead to increased bureaucracy).○ The Recommendations in the draft report are designed to make sure that things are reviewed thoughtfully.○ Commission Chair Champommier opened up the discussion for comments. The Chair invited Dr. Katz, Director of Health Services, to speak about the draft report.○ Dr. Katz stated he is excited about the opportunity to integrate. He stated that he believes there is tremendous opportunity when smart individuals and synergistic trainings and orientations are put together.○ Dr. Katz used example of Olive View (DHS), to highlight one of the inefficiencies across departments. Although Olive View has the most advanced tuberculosis capabilities, (negative pressure rooms, great capability of taking care of people with TB), he discussed how doctors working in Olive View (and other County hospitals) often have difficulty finding the TB record/history of a patient.○ Dr. Katz stated that as someone who has worked at the interface between public health and health services, there is nothing antagonistic about the two. He indicated that it is true that they are not overlapping things. He stated that both DPH and DHS are both focused on health, and there are a variety of different tools that can deliver health.<ul style="list-style-type: none">○ Health services, population health, regulation, social marketing (i.e.: tobacco campaigns)- these goals of all of these are the same: the goal is health.○ Dr. Katz discussed the historical public health model. Ten years ago, the model indicated that the public health department needed to be separate—the firewall model. The thought was to put firewalls around public health to prevent the possibility that money from PH would be | |
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taken to fill hospital deficits. At the time, he stated, this was the right decision. Now, public health tools help to make a meaningful difference around social determinants.

- He stated that DPH and DHS should use their joint abilities together to make meaningful strides.
- He stated that within PH, there is substance abuse, which he believes is a health service. He stated that the clients with mental health/substance abuse problems, who are often homeless, are the most difficult patients.
- He stated that the current system requires these clients to enter three different doors, with three separate registrations, separate rules, and eligibility. He asked how that makes sense.
- He stated that the only way to get over the joint-eligibility/joint-medical records, is to integrate.
- He stated that this is only one small component of what public health does, and he believes that it can be improved.
- In discussing social determinants, Dr. Katz indicated that Kaiser data is not helpful. He asked which data is helpful in determining where PH should go in Los Angeles?
 - He indicated that DHS takes care of 600,000 people, the lowest income people in LA County; and thus, the target audience of most of public health's promotion surrounding social determinants.
- He indicated that there is tremendous opportunity to shape this.
- He stated that there are a variety of ways for health services, public health, and mental health to work together. He stated that the agency model is meant as a best compromise. He stated that the idea to return to a previous single department is not on the table. He indicated that the suggestion is an agency model—a single strategy, single entry door, a way of maximizing joint efforts of bringing health to Los Angeles.
- He stated that he thinks this is an exciting mission and hopes the three departments can work together.

Commissioner Dowling introduced himself

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PHC Chair opened up for comments from the Commissioners

- Commissioner Bholat thanked Dr. Katz for the overview. She mentioned that Dr. Katz's point about what was done a decade ago, creating the PH department, was an important point. She mentioned that nationally, public health does not get enough funds and public health does not get its fair share. She indicated that there are regulatory things that are very different in the medical model. She stated that DPH is a very broad-reaching department and that there are a lot of overlapping opportunities.
- Commissioner Bholat also stated that substance abuse, mental health, and homelessness, are all issues that every hospital faces—from Cedars Sinai, to UCLA. These issues are not getting smaller. She stated that the challenge will be on the mental health side because even within one unified system, it is nearly impossible to get mental health records.
- In regards to the proposed health agency model, Commissioner Bholat indicated that it would be a good idea to demonstrate real outcomes first, before plunging into the agency model. She suggested beginning with a pilot. She also stated that even within one agency, it is hard to get everything right.
- Commissioner Bholat stated that she believes in the work of all three departments and wants to focus on ways in which the Public Health Commission can be helpful during this time.
- Commissioner Dowling stated that he shares Dr. Katz's vision and complimented Dr. Ghaly on the well written and referenced draft report. He noted that he was unsure if the DHS mentioned in the report is the same organization he is familiar. He also stated that DHS is a very complex organization, and is not nimble.
- Commissioner Dowling stated that in practicing medicine, doctors are now seeing more people with more social problems—social determinants. He stated that the only way to address addiction and the mentally ill is with a model like the potential health agency.
- Commissioner Dowling expressed his concern about the fear of an

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agency being dismantled.

- Commissioner Dowling stated that the ideas and concepts brought forth in the draft report represent the direction that he believes healthcare needs to go. He questioned whether or not it should be done at once or instead, set up station projects. He suggested perhaps individuals apply for grants inside DHS to set up projects and see who might be able to master this and show how it could work.
- Commissioner Dowling expressed his thoughts regarding the need for more than one model and discussed the idea of demonstration; perhaps first figure out what works and identify what has the potential to work.
- Commissioner Dowling stated that he believes that there always needs to be a public health structure in place, and that it needs to be assured that it does not get dismantled.
- Commissioner Dowling stated that the more the departments integrate the better chance of solving healthcare needs of low income populations. He stated that he is overall supportive of questioning the strategy and the time interval to adopt the agency model.
- Commission Vice Chair Crawford thanked Dr. Ghaly for the hard work put forth in the report. She stated she could sense the passion and vision behind the proposal.
- Commission Vice Chair Crawford stated that looking at the different models proposed on page 46 (of the draft report) in light of her community organizer background, and the importance of collaboration between the departments and sharing of information, she identified potential structural/HR/recruitment challenges. She stated that if an agency structure is created, there would be someone in place that the Department heads would be directly reporting to, which impacts their actual and perceived autonomy to report directly to the Board of Supervisors.
- Commission Vice Chair Crawford also stated that an important HR issue exists since the new DPH director position is vacant.
- Commission Vice Chair Crawford stated that it is important to look at

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| | <p>personnel issues—particularly when it comes to the department head reporting to the Board instead of an agency head. She mentioned that the DPH department head is going to be impacted by this structure and may impact the type of person who may be interested in the job.</p> <ul style="list-style-type: none">○ Commission Vice Chair Crawford also stated that collaboration to work smart and not reinvent the wheel, is an important issue. She stated that she is not convinced that an agency structure is the best way to go. She did state that she is willing to be convinced of it.○ Commission Vice Chair Crawford discussed her concerns regarding downsides to the model, in terms of DPH's current condition, with an interim director in place. She stated she feels that it is important for the leaders of the departments to be accountable for collaborating, but they need to retain their autonomy without reporting to an agency head. She indicated that she understands the idea that each department head would still technically have autonomy but, in practice, the message that is sent (from a structural perspective), is something very different than the BOS direct reporting model.○ Commission Vice Chair Crawford expressed that she considers it her duty as a PH Commissioner to consider the public health best interest for all people in the County. She stated that taking into account her duty as a PH Commissioner she would not recommend the new agency structure since she is not convinced that it is the best model for the County.○ Dr. Ghaly asked Commission Vice Chair Crawford if the recruitment challenges she mentioned solely relate to the DPH director position?○ Commission Vice Chair Crawford indicated that her concern is primarily with the DPH top management—the new Dr. Fielding. She indicated that it would be a downside to a professional at the level of the DPH director to come into an agency structure, as opposed to a departmental structure, where they would have autonomy and report to the Board, but would be required to work with the DHS and DMH directors to figure out structural ways to make some of these changes happen. She stated that collaborative demonstration projects might be a good first step. | |
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| | <ul style="list-style-type: none">○ Dr. Ghaly asked about reporting to the Board. She stated that department heads do not report to the Board now, they report to Deputy CEO's.○ Commission Vice Chair Crawford stated that in terms of presenting to the Board, department heads do have the opportunity to do so. She also mentioned the importance of the perception of the department head being recognized as the department director—the person in charge. Also, from a public perception—it is perceived that the Board of Supervisor's holds department directors accountable for their department.○ Commission Chair Champommier expressed his concern with the new bureaucracy.
He stated that he read through the report and it was not convincing to him that the agency model is the way to go. He suggested taking two or three issues/priorities, and form a task force to work on the issues.○ He stated that DPH and DMH leadership is cooperative in working together, particularly at the community level. He expressed his concern that the enthusiasm and creativity exemplified by DPH and DMH in reaching out to the community will be lost. He stressed the fact that the current model works. He stated that he is not certain where DHS fits in the model in terms of where the control will be. He asked where the control will be and if it will be shared.○ Commission Chair Champommier stated that he supports the idea of taking three to four priorities and have the agency define and collaborate this way, rather than set up a large bureaucracy. He asked if it would be feasible for the three departments to focus on integrating while simultaneously continuing to do their job. He stated that building a new bureaucracy will double the workload of the departments as well as hinder the creativity that currently exists within DPH and DMH.○ Commission Chair Champommier expressed his concern regarding the report being filled with various assumptions. He stated that the report is not a clear road map to integration and stated that he is skeptical of how it will play out in practice. He expressed his concern about the gravity of | |
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the potential integration. He also stated that integration poses great risks, in terms of focusing on an agency structure that could be alternatively accomplished by looking at specific issues (such as housing or substance abuse) and combine the resources together. He stated that risking the successes of the two departments (DPH/DMH) deeply concerns him. He stated that from his experience with DPH/DMH, the department's leadership are not opposed to collaboration, working together, to solve problems jointly.

- Commission Chair Champommier stated a potential problem of the agency structure is that if the structure does not work, it would most likely take longer to dismantle it than putting it together. He stated that the risk at hand is too great.
- Commission Chair Champommier stated that the best option, moving forward with the agency model, would be to facilitate a pilot project and further explore ways for the departments to integrate. He also stated that there would not be any resistance from DPH or DMH leadership to do this.
- Commission Chair Champommier stated that it may be useful to look at what DCFS is doing as far as having someone put in place to explore opportunities for integration and for monitoring integration efforts. He stated that he would forward his specific concerns about the report to Dr. Ghaly.
- Dr. Katz responded to Commission Char Champommier's comments and indicated that he understands the concerns.
- Dr. Katz stated that the three departments each reported to the same person for the past four and a half years, as long as he has been serving LAC.
- Dr. Katz stated that the Board is clear about its policy role, which favors integration. He indicated that the Board understands that it cannot run the-day-to-day operations. It has to run under the Brown Act. He indicated that the Supervisors are the "boss" when in public. Other than

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that, he indicated, they are smart, involved people, but, they cannot tell departments what to do.

- Dr. Katz stated that the challenge is determining how to create leadership. He asked that when integration is mentioned, who is responsible for doing it. He indicated that what he sees in the existing structure (the department structure), he does not believe the DPH/DHS/DMH director can approach the interim CEO to ask for help leading the three departments as equals. He stated that the interim CEO is running a huge department, then the idea is that there is going to be less support in the CEO's office. Dr. Katz indicated that there is no way for the things to happen unless there is some structure for making decisions and making sure things are moving forward.
- Commission Chair Champommier responded to Dr. Katz, asking why he (Dr. Katz), Ms. Harding (DPH interim director), and Mr. Southard (DMH director) have yet to get together and come up with a way to accomplish this? He also indicated that Ms. Harding and Mr. Southard were the last to hear about the move towards integration. Commission Chair Champommier asked if these actions inspire trust—both at the community level and the bureaucratic level.
- Dr. Katz responded that it cannot simultaneously be said that it is important for departments to report to the Board, and then be upset that the Board can talk to the departments. He indicated that you have to choose which of those sides you want to be on.
- Commission Chair Champommier responded to Dr. Katz that there should not be sides. He asked Dr. Katz that when he spoke with the Board and developed this idea, why did he not involve the other two department heads [DMH/DPH]. He asked Dr. Katz if he was at the Board meeting, why did he not suggest to the Supervisors, about having the other department heads present. Commission Chair Champommier indicated that this bothers him. He indicated that when there is good

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leadership (as with DPH and DMH), why not work together to collaborate in developing what should [have] been presented to the Board. Commission Chair Champommier suggested utilizing collaboration--a top-down model. He stated that if collaboration is the goal, then to include collaboration in the decision making process, and reach out to the other departments to jointly present something. He indicated that from his experience working with DPH and DMH; both departments are extremely collaborative and receptive to working together.

- Commission Chair Champommier indicated that reorganizational coordination and collaboration is what is missing from the draft report. He also indicated that sending the draft report out to stakeholders is difficult, because of the inability to understand the detailed language. He stated that the language will hinder stakeholders from going through the report.
- Commission Chair Champommier indicated that it is important to watch what people do and the actions taken, not so much as to what is said or in a report. He also stated that the actions taken so far indicate that the other two departments (DPH/DMH) are junior partners. He indicated that he respects the analysis conducted, but the draft report does not include a sufficient analysis of the history of why the consolidated department did not work. He stated that one of the primary issues is that this whole process has not been a joint effort. He mentioned how DPH/DMH's top management is not going to speak up. He stated that they are aware of the top-down model and there are various things that they feel reluctant to speak up and do not want to "rock the boat".
- Commission Chair Champommier's overall concern is that the actions that have been taken have no sense of collaboration.
- Dr. Katz responded to Commissioner Champommier's comments, indicating that perhaps Commissioner Champommier is personalizing the consolidation efforts being about him (Katz).

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| | <ul style="list-style-type: none">○ Dr. Katz indicated that it is not his responsibility to tell the Board how to conduct its business.○ Commission Chair Champommier indicated that he is not conveying that.○ Dr. Katz indicated that Commission Chair Champommier is angry about it and is associating Dr. Katz as not being collaborative and is insinuating that it was his responsibility (Katz) to tell the Board to do things in a different way.○ Commission Chair Champommier asked Dr. Katz if he was responsible for implementing the health agency.○ Dr. Katz indicated that at the moment, he is not responsible. He stated that the motion came from the Board, not from him. Additionally, the Board did not indicate in their motion how the agency would be run. He stated that if the Board chose to talk to him, which they did, and did not chose to talk to the other departments, it cannot be his fault. Dr. Katz stated that he does not tell the Board who to talk to. The Board, per his political experience, can talk to people as they chose-- which is why they are elected. They make their own decisions. Department heads do not tell the Board what to do.○ Commission Chair Champommier responded that his suggestion would be to have the other two leaders (DPH and DMH) sit down right away and analyze the mandate and discuss.○ Chair Champommier asked Dr. Katz if the mandate was assigned to him. Dr Katz indicated no, he has not been assigned anything different than Ms. Harding or Mr. Southard.○ Dr. Katz indicated that he has had great discussions with Ms. Harding and Mr. Southard. He also stated that not everyone agrees on all points, | |
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but all of the discussions are positive.

- Commission Chair Champommier indicated that the two departments (DPH/DMH) do not feel that they are included as participants in designing alternatives to the structure, due to the fact that the process is still in the planning stage and has yet to reach the final stage.
- Dr. Katz stated that it is not his job, nor can he mandate the Board, to determine the structure. He indicated that the Board set out the structure, but did not finalize it. Instead, the Board has indicated that they support a health agency. He stated that the health agency--this radical thing that is being discussed—is less radical than any other county. He stated that every other county in California has either an agency model or a completely consolidated model. He also stated that in 13 years in San Francisco, no one ever suggested that public health or mental health would be better served as a separate department.
- Dr. Katz indicated that he understands the history of the separation of the departments in 2006, and the past cannot be changed. He also stated that the reason for moving forward or not moving forward, should not be because of the history and because the previous model was inefficient, which he stated he is not denying.
- Dr. Katz mentioned the CA Health Waiver--20 billion dollars about Whole Person Care and questioned if the best way to deliver Whole Person Care is through three departments that report to a CEO.
- Commission Chair Champommier indicated that the proposed health agency would be a very big change. Dr. Katz indicated that he feels that it is not a big change. He stated the change would be something to the effect of: one day three department heads report to CEO and then the next day, they would report to the agency director. Dr. Katz also stated that the day after the agency is implemented, there would not be a noticeable difference.

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| | <ul style="list-style-type: none">○ Commission Chair Champommier indicated that if the transition were to be as Dr. Katz mentioned, then there would be no complaints. He also mentioned that if both departments (DPH/DMH) were to maintain their creativity and ability to continue to perform their mission, then there would be not be an issue.○ Dr. Katz asked how could it be proved that nothing bad will happen if the agency structure is being worked against from moving forward. He stated that assuming the agency model will move forward, one possibility is that the Board will say that there is too much negative feedback and chose not to move forward. Dr. Katz stated that he did not think this was the best option, but it would be fine. Dr. Katz stated that the three department heads (DPH/DMH/DHS) are already amicable towards each other.○ Dr. Katz discussed the proposed second option, which could be that the agency structure is approved and moves forward. Per the recommendation of the CEO, an agency director would not be hired. Instead, one of the three department heads would be hired. Dr. Katz stated that the CEO may opt to hire him due to the fact that he is the only one of the three department directors that has experience running three different groups (health services, public health, and mental health) together. Dr. Katz stated that if this scenario were to occur, there would not be much change. The new DPH director, and Mr. Southard, would report to the agency director. The only difference between this and what has historically been is that there would then be a responsibility to work together. He stated that is it has not been that way under the CEO because there is not enough bandwidth.○ Dr. Katz stated that the employees working in the CEO's office have not been individuals who understand the three different health areas (DPH/DHS/DMH). The Interim CEO is not a mental health or public health person. In trying to figure out how to implement Pre-exposure | |
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prophylaxis (PrEP), a current controversial issue, Dr. Katz asked if the Interim CEO is to decide how to implement PrEP; who is to decide?

- Ms. Harding indicated that PrEP is being implemented without the Interim CEO. It is moving forward regardless. Ms. Harding indicated that PrEP is not a good example.
- Dr. Ghaly stated that there is a theme across integration. She stated that there has not been rapid enough progress across the board when it comes to integrating services. There are areas where there are successful pilots where there are projects that have been taken on, but have not translated to a comprehensive system of care or comprehensive thought of being able to see all of the pilots across.
- Ms. Harding indicated that the draft report does a good job of identifying opportunities for integration, but the directors of DPH,DHS, and DMH could sit down and discuss how to make the opportunities happen, which does not require an agency model. She indicated that the three department directors (DPH/DMH/DHS) have not had the opportunity to sit down and talk about collaboration, which is something that could be easily facilitated. She indicated that DPH would love to do more collaboration between the other departments.
- Dr. Katz stated that he has no problem with sitting down and identifying additional collaboration areas. However, he asked Ms. Harding if she likely has not chosen DPH to have matrix supervision.
- Ms. Harding indicated no.
- Dr. Katz stated that matrix supervision is hard. He stated that generally, the desire is to have structure that can implement the vision, and that is easier with an agency. Dr. Katz stated that he does not know any way around it. He stated that electronic medical records and the possibility of having a single eligibility process cannot occur without an agency. He

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stated that he agrees that any single thing can be done without an agency, but that does not mean it is the most successful way.

- Dr. Katz stated that he has tried to stay out of public health issues because he does not want to step on anyone's toes. He stated that he has his views and experience but he states that he was not hired to be the public health director. He stated that Dr. Fielding was not interested in his opinions, which was okay with him. He stated that he does not want to tell public health what to do, since he does not have a public health role, it would be inappropriate. He stated that if there was one agency, then it would make sense to figure out a joint plan. Dr. Katz stated that he is not sure how this would efficiently be done in the absence of an agency.
- Ms. Harding stated that she wanted to share feedback about the draft report which she received from the community with the Public Health Commissioners. She indicated that many have stated that the report is dense and hard to share with community members. Ms. Harding indicated that she would suggest creating a condensed version, perhaps two to five pages that can be shared at the upcoming stakeholder meetings, which would make it easier for people to read and understand.
- Dr. Ghaly stated that she understands and believes it to be a valid point. She indicated that it is difficult to select specific points for a condensed version because then it appears that the rest of the information is not as important because it was not included in the condensed version; she expressed the dilemma of not wanting to compromise the integrity of certain points over others.
- Dr. Ghaly indicated that for the public convening's, which will be posted on the priorities.lacounty.gov website, there will be registration, which will be emailed out to attendees. She also indicated that during the meetings, there will be a presentation with slides that will summarize the

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document. She also stated that when the consolidated version is available, she will ensure it is distributed for feedback.

- Ms. Harding indicated that she would appreciate it and that she received calls from frustrated individuals, who cannot read through the report, and who are trying to share it with community stakeholders.
- Dr. Ghaly indicated she understands that it is complex and that the report was drafted for the Board, but of course, community input on it is desired.
- Vice Chair Crawford stated that the perception that is conveyed to the community is that they [the community] are being intentionally excluded due to not including an executive summary with the draft report. She recommended that perhaps at the community meetings, Dr. Ghaly explain the reason why there is not an executive summary included with the report and indicate that it was not intentionally written so densely so that it could not be understood. Vice Chair Crawford also indicated that she understands the concept of not wanting to compromise the integrity of the work, but to community members, it may be perceived as trying to hide information.
- Dr. Katz posed a question for the Commissioners to think about. He stated that in many discussions, “departments” are discussed and— the autonomy of the departments, the integrity of the departments, etc. He stated that he does not care about the three department structures. Instead, he stated, he views it as: health, community, and patients. He indicated that he views how departments are created as arbitrary figures, because there always has to be a structure. He stated that something nice about the agency structure is that it takes all of aspects of the three departments, puts the people together, and places everything under an umbrella. He stated that once the umbrella is created, task them with projects and then assess what mental health, health services, and public health each have to offer to the project. He

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stated that the challenge is that the three department concept does not best serve the community.

- Commission Chair Champommier stated that the three departments, he believes, share a lot. He also stated that he agrees-- the structures are arbitrary; structure is only to get things done and is not something that is owned. He also indicated that his concern is with the outcome; the client. He stated that he is familiar with the good services that are currently being provided and is concerned that the agency model will be able to achieve the same success. He also stated that he is concerned with the idea of more bureaucracy, which can inhibit creativity of the department heads and their staff.
- Vice Chair Commissioner Crawford stated that she believes it is not about the structure—it is about the people working to accomplish the goal. She indicated that if the structure is going to change, then it needs to be clear that it is absolutely necessary to cause change. She also indicated that the outcome needs to be proven that it will be remarkably different. She stated that from a cost benefit perspective—the cost of change and the toll that takes on people— has to be clear that the benefit will be significant. She also indicated that it is not clear that the change/upheaval in changing the structure is going to have a benefit, particularly for the director positions. From a human capital and relational point of view, she noted, is extremely important, because it is about the people.
- Dr. Katz stated that these are hard issues. He indicated that he has a different view from Commissioner Crawford regarding the department head. He stated that a search was done by an excellent firm [for the DPH director] and the search did not succeed. He stated that the deterrent is how challenging it is with Board searches and it goes to the fact that the Board can only make decisions by votes, in public, and that it can be a lengthy process. He stated for example, when he [Dr. Katz] wants to hire a candidate, he lines up a terrific candidate first, and then

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| | <p>he will open the job up for all others to apply, and if someone more terrific than the initial candidate in mind applies, then that person is hired. He stated that the Board cannot do this. He indicated that the Board did not want to hire someone who was not great, nor should they.</p> <ul style="list-style-type: none">○ Dr. Katz stated that he believes he could help whoever is in the DPH director position, to be successful. He stated that LA County is a challenging and unusual County, in the sense of almost all of the other ones near its size, have an elected mayor or elected CEO. The structure here in LA County is different—the structure is under five smart, committed people; LA County is challenging place.○ Dr. Katz stated that one thing he has demonstrated is the ability to co-elect the five board members around the set of initiatives that have helped change DHS. He stated that he would like to be in a position that would support and guarantee whoever is in the position [DPH director] five votes and help make him or her a success. Dr. Katz stated that the evidence shows that he [Dr. Katz] is not a micromanager. He stated that he intends to grow people and desire to find the best people and encourage them.○ Dr. Katz indicated that he likes working with Ms. Harding. He stated he has learned things from her and he hopes she has learned some things from him.○ Dr. Katz stated that he views the chance that the DPH director will succeed even greater the agency model does happen. He stated that he [Dr. Katz] would have the opportunity to mentor the new DPH director, and Dr. Katz would be in an easier position [in the agency model].○ Dr. Katz stated that the Board would still have a say in who the DPH director will be. Again, he indicated that when he hires someone, he finds someone great, then he opens up a search, and if a greater candidate comes along, than he hires that candidate. If not, then he hires the initial candidate. He indicated, that what he would do in the situation is, he would write to the Board and ask if they would like to | |
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meet the person whom he has selected. He indicated that usually, if there is an issue that engages one or two Supervisors, they do want to meet the candidate.

- Dr. Katz stated that he can help find someone great for the DPH director position and that he can help that person be a success. He stated this is what he likes to do. He stated that one of the challenges is that in a discussion like this, in many settings, it makes it seem like he [Katz] is trying to garner power or grow an empire. He stated he has no interest in doing that; he stated that from his point of view, it is not about that. He stated that he has nothing to gain and that he cares deeply about health and wants the efforts of all departments (DPH/DHS/DMH) to deliver the best health. He also stated that he does see inefficiencies in how the departments currently operate, which are not the fault of anyone. He stated that things could be better and he would like to be part of it and if the agency moves forward, great, and if it does not, DHS still has a long way to go, and has a lot of progress to make. He stated that there are people directing the progress, which is going to happen and it cannot happen any faster. He stated that it is possible in LA to bring major change; there is a lot of great stuff that can happen.
- Commissioner Dowling indicated that he was not trying to be critical of DHS, but instead, he meant to state that he has seen more progress (in many areas) in the past four years than the last 25 years. He stated that one of the Commission's reservations is identifying what is the best way to get from A to B. He asked if it has to be a leap or are there smaller steps that can be taken.
- Dr. Katz asked if the change would really be considered to be a leap. He indicated that there are various scenarios: 1) The Board will say no, in which things will stay the same, 2) Agency will be created- if an agency, is created, they would not take the CEO's advice, creating more bureaucracy, which they are not showing interest in doing, given the fact that all of the Deputy CEO's were sent back into departments. The

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Board is not interested in more administrative, high level. So, they would have to choose an agency director.

- Dr. Katz stated that it would be likely that the Board would select him [Katz] to be the agency director, but the Board has not stated that. Assuming they did select him, day one of the agency would entail meeting with DPH's interim director and health officer and Mental Health's department head/chief deputy and Dr. Ghaly to figure out the next steps. Dr. Katz said that this could happen without agency integration; however, it can be challenging because he does not want to tell Ms. Harding what to do, etc. if the departments remain separate. He stated that there are operational things that need to be decided: which system will be followed, and determine who does what, etc.
- Dr. Katz indicated that the idea of the Deputy CEO's of integrating the efforts of the departments failed.
- Commissioner Bholat thanked Dr. Katz and indicated that the meeting has been a wonderful discussion and a lot has been learned. She then asked Dr. Katz if he were named agency director, would the position open for DHS?
- Dr. Katz indicated that he would fulfill both positions. He stated that if a department view is taken, that is a bad thing. He indicated that if a view of serving and helping the community view is taken, the departments are arbitrary. He stated that DHS is a flat organization. He stated that it is the hospital leader's job to run the hospital and Dr. Katz's job is to add value. The same with juvenile correction health, etc. Dr. Katz stated the same concept would be true for the agency director.
- Dr. Katz stated that the job of the health agency director's job is to add value by working with others and work with the Board to ensure there are five votes, sufficient funding to make the project happen.
- Dr. Katz stated that this type of issue is one where individuals say that there are not equals. If it is a thing of equals, then the DHS director

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needs to be replaced. But, if the DHS director is replaced, then more bureaucracy is being created.

- Commissioner Bholat indicated that she understands and wanted clarification. Additionally, she indicated that she understands the arbitrariness of directors. She then discussed some historical DPH background. DPH, circa 1999-2000, was a department of categorical approach. She stated that it took a lot of people working collaboratively to move towards a more comprehensive approach. She stated that being on the PHC over the years, she has seen major change in the way DPH operated. She stated that over the last five years, the organization (DPH) has changed.
- Commissioner Bholat stated that one of the concerns that has been raised for DPH is an amount of arrogance that is detected, in the way in which DPH relies on researchers, universities, etc. She indicated that she believes that directors are only good as the people who are representing them. Additionally, she stated, there are times where the directors do not see what is happening; this remains one of her concerns. She indicated that she is not suggesting that the agency model is not a good way to go. She stated that when there is a transition like what is being proposed, there has to be some analysis of staff that each department has in place (DPH/DHS/DMH) because they may not be in the best interest of the department heads moving forward. She stated that having people understand the community it is very crucial; communities can be hostile. People who will be representing the department heads should not only be those who have research fellowship. She indicated that this needs to be looked at critically. She stated that both DPH and DHS's department heads are excellent and each have made significant strides within their respective departments.
- Commissioner Bholat indicated that the Venn diagram should be looked at to see where the overlapping of the department is likely to occur. She also stated the importance of demonstrating success and to give some

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time because the community will most likely have pushback. She indicated that it does not mean not to move forward with demonstrating one thing can be done as a combined agency.

- Dr. Katz indicated that it is hard for people to simultaneously work against the agency model and to come up with the most successful way to make it happen. He stated that one of the reasons that Board needs to either determine if it is going to happen or it is not, is because there are a group of people who want it to happen and a group who do not want it to happen. He stated that if it moves forward, the group of people who do not want it to happen will do their best to make it successful.
- Dr. Katz stated that there are a group of people within DPH, who the agency model to move forward. He stated that there is a group of clinical staff who see much more of the positives. Dr. Katz indicated that the people who do not want the agency model to not move forward, for whatever reason, are working against it; as they should; this is a democracy. Dr. Katz stated that once a decision is made—either it happens or it does not happen—and if it does happen, the people who are fighting it, he believes, will stop fighting it. He indicated that part of why they are fighting the agency model is because they do not think it is right. He stated that once the ultimate decision is made, they will get on board. He stated that people who work for public service departments—like DPH, DMH, DHS—are generally the best employees: they come for the right reasons and they will work to make it happen; they will make it a success. Dr. Katz stated that this is why he is not enthusiastic about pilots that do not involve a decision, because he does not believe the best work will be done. He indicated that he would like the Board to either approve or deny the decision. He stated that he believes that if the agency model does move forward, the resistance will fade. He indicated that after it is approved, then it will be assessed if the model works or does not. He stated that there will be reports to the Board, recommended quarterly and the department heads will advise the Board directly to advise if the model is working or is not. Additionally, he stated

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that if the model does not work, given that it is just an agency and not merged departments, it should not take much to undo it and return to having the three department heads report to the CEO.

- Dr. Katz indicated that when the ten DCEO's were eliminated, nothing happened. They simply went away, the reporting structure changed.
- Dr. Katz stated that if the agency model is decided upon by the Board, then would be the right time for the two or three issues to demonstrate success. He stated that then, after a year, the Board can assess whether or not to continue with the agency model or rethink the model.
- Dr. Katz indicated that budgets and staff make it difficult to create and undo things. He indicated that if the budget and the staff are not combined, it will not be hard to undo.
- Commissioner Dowling asked Dr. Katz for clarity regarding his opinion regarding approving the agency model first and then moving forward with the pilots.
- Dr. Katz stated yes, he believes the agency structure should be approved before moving forward with any pilots. He stated that if the Board choses something in the middle, then those people who do not want the agency model to happen (he indicated that people should advocate for what they believe is right), are not going to be the ones to make the agency a success because they do not believe it should happen. He indicated that this is why he feels a clear decision needs to be made to either move forward with the agency model or not.
- Dr. Katz indicated that he hopes the Public Health Commission will be deeply involved in shaping the agency model into a success. He reminded the Commissioners that if the agency model is not a success after 15-18 months, it can be ended.
- Commissioner Crawford stated that Dr. Katz is highly regarded in LA County. She indicated that it would be helpful to the community (and the Board) to know that regardless of how the agency model decision is

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made, Dr. Katz is still on LA County's team. She indicated that she has been told by community members that if the agency structure is not approved, LA County may lose Dr. Katz.

- Dr. Katz indicated that he is committed to Los Angeles County
- Commissioner Crawford suggested to Dr. Katz that he make that clear to community members. She indicated that she personally believed that Dr. Katz was committed to LA County, but suggested that it would be helpful to communicate that to the community in order to halt any speculation (within the community) regarding Dr. Katz leaving LA County if the proposed agency is not approved.
- Dr. Katz stated that the information shared was good advice. He also stated that he has not given up on the idea that the Public Health Commission does not want to support the agency model. He stated that he feels that the PHC is an important Commission and that the Commission could help shape a very exciting future. He indicated that no one can change the past history and that the model has worked elsewhere and could work in LA County. He also stated that a lot of positives have already come forward from this meeting/discussion.
- Commission Chair Champommier asked in terms of the agency, how would the staffing look?
- Dr. Katz stated that day one of the health agency model would entail himself, Cindy, Dr. Gunzenhauser, Robyn, Marv, and probably one of his deputies, most likely Dr. Ghaly, who has been most involved. He stated that all of them would meet and decide what the work plan would be for the next period of time, they would make some suggestions, and then have the work plan be reviewed by the PHC, Mental Health Commission, Hospital Commission, and the Board regarding will get done during a specified timeframe. He stated that decisions would also be made together regarding which projects would be short and long term.

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| | <ul style="list-style-type: none">○ Dr. Katz stated that mental health, substance abuse, housing issues would be high on the work plan list. He also stated that decisions needed to be made about the clinics and assess where DPH and DHS have space for additional clinicians, with the idea that a better job could be done if mixing occurred. He gave the example of MLK- both DPH and DHS have centers. However, in other places, DPH has a center and DHS does not and vice versa. He stated that better geographic proximity would be accomplished by having DPH and DHS staff mix in locations where the other has space.○ Ms. Harding indicated that both departments have already started doing this. Additionally, Ms. Harding stated that DPH would commit to continue to doing this, regardless of what happens because DPH believes it is very important. Ms. Harding stated that DPH and DHS were already exploring these options, regardless of the agency. She also indicated that DPH wants to continue this collaboration and stated that it is exciting to hear Dr. Katz speak about it, because collaboration is what DPH desires. Ms. Harding indicated that the facilities issue remains a large area for improvement and collaboration because DPH has aging facilities that do not meet the needs for public health. She stated that DPH desires to build new centers and would desire to give the old ones to DHS. She indicated the old facilities are not set up for the new public health, which is community based and works actively with community partners, working on policy, etc. She indicated that it is very exciting to hear about collaboration, but she wanted to make it clear that collaboration with DHS (and DMH) is already occurring and is not a new idea.○ Dr. Katz indicated that collaboration is not new but he stated that the agency is the most efficient way to achieve it. He indicated the desire to have pediatricians where there are childhood immunization clinics, as well as other areas that DPH/DHS would overlap.○ Commissioner Bholat stated that the health agency model has potential | |
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	<p>although there remains a level of distrust. She thanked Dr. Katz for a great discussion.</p> <ul style="list-style-type: none"> ○ Dr. Katz asked the Public Health Commissioners to be the people who make the agency model succeed. ○ Commission Champommier thanked Dr. Katz for the discussion. 	
III. Public Health Report	<p>Carrie Brumfield, Chief of Staff, provided the PH report</p> <p>Ms. Brumfield shared a memo from the Auditor Controller, indicating that the Public Health Commission's Sunset Review has been extended another four years.</p> <p>Ms. Brumfield discussed the Health Facilities Inspection Division update. She indicated that Ms. Harding has been attending meetings in Sacramento and is in the midst of negotiations with the State. Ms. Brumfield indicated that Ms. Harding will be returning to Sacramento and will have more information regarding next steps when she returns.</p> <p>Ms. Brumfield discussed DPH's accreditation submission and indicated that DPH is in the process of submitting all necessary documents.</p>	
IV. Draft Report Next Steps	<p>Commissioner Bholat asked if any member of the Commission has had any chance to work with the Hospital Commission. She stated that the Hospital Commission is missing from the table. She referenced Dr. Katz's comments about the clinicians wanting the agency model to move forward for different reasons.</p>	<p><i>Commissioner Bholat entertained a motion and the motion was moved by Commissioner Dowling.</i></p> <p>Evelina Villa, PHC staff, will look into making</p>

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		contact with the Hospital Commission staff.
	<i>MOTION: Commissioner Bholat entertained a motion to meet with Hospital Commission to discuss broad based population health community needs assessment and the proposed integration</i>	
V. New Business & Unfinished Business	<p>The Rotation of Officers was rescheduled until the May 14, 2015 Public Health Commission meeting.</p> <p>PHC Logo/Website: The Commission voted on graphic #1 to be utilized as the official PHC logo</p>	<i>Three Commissioners (Commission Chair Champommier, Commissioner Bholat and Commissioner Dowling) unanimously voted for logo #1.</i>
VI. Adjournment	<p style="text-align: center;"><i>MOTION TO ADJOURN THE MEETING</i></p> <p style="text-align: center;">Meeting adjourned at 12:04 PM.</p>	<i>Motion made by Commissioner Dowling, seconded by Commissioner Bholat.</i>